

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/089329 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		
	1st AMENDMENT	BOR	ADDITIONAL AMENDMENT	BOR	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3		/			
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49					
50					
TOTAL IND.	1	11	11	11	11
TOTAL DEP.	10	21	21	21	21
TOTAL CLAIMS	11	22	22	22	22

*	*	*	*
IND.	BOR	IND.	BOR
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52			
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97			
98			
99			
100			
TOTAL IND.	1	1	1
TOTAL DEP.	1	1	1
TOTAL CLAIMS	2	2	2

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS